U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AMS 22200 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E SOROH	
1. File Number U - 12160	2. Fiscal Year Covered From:
Manuscraft Statement in Stateme	[1] / [2004] Through: [2] / [3] / [2004]
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GAKY IV Cossakini	Name #EAMSTRS ZOCAC 612
	Labor Organization File Number 63674
P.O. Box, Bldg., Room No., if any P.O. Box 1592	P.O. Box, Building and Room Number, if any
Street   P.V. 1809 1592	Street 5730 E ZIZASETH QUE
City MARYLAND HGTS MO	City St. Zw. 15 september 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
State	State 70 ZIP Code + 4 23/16
5. Position in labor organization. UE PUESIDENT - BYSMESS AGENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)	
Signed My	On 247.350 314.647.8350

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name SPECTOR WULFE LLC  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 20 6 WEST ARGONNE  City KIRCH WOOD  State ZIP Code + 4 3/22	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such dealing.    PROVIDE LEGAL SERVISES	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.	